



Eureka Athletic Club Inc Membership Form 2010-2011

To be properly registered TWO forms need to be filled out. This one and the official AV Registration form. Even if you think we will already know your info, please complete so we can check our records are correct.

Surname	
First Name	Parent Name (if U18)
Address	Post Code
Phone Home	Phone Mobile
Email	School
DOB	Under Age as at 31/12/10 Or 40+ 50+ as at 1/1/2010

CLUB FEES (Payable to the Registrar in advance of registration)

			Amount
Eureka Club Membership	Individual (Must be AV registered as below)	\$20	
	Or Family (For those at one address and who are AV registered)	\$35	
	Athletics Victoria Registration (April 2010—March 2011) as per AV Form	From AV Form	
Please Note:- Club Fees must be paid in either Cash or Cheque. Athletics Victoria Fees can be paid by Credit Card/Cheques or Cash			Total

Note: Registration with Athletics Victoria includes insurance for club events and some social activities

CROSS COUNTRY WEEKLY RUN FEES		
Club Event Tag Fee	To be paid prior to each week's run. <u>You must pay to score Aggregate Points and to be eligible for Trophies.</u>	\$2 per week
BRAC Event Tag Fee	To be paid prior to BRAC Races AV Registered	Open & U20 \$5 U16 & U14 \$3
BRAC Event Tag Fee	Associate Members	Open & U20 \$7 U16 & U14 \$5 Novice Race \$1

MEMBER'S DECLARATION

I, whose signature appears below on this application form in consideration and as a condition of acceptance of me membership in the Club, for myself and heirs, executors and administrators, hereby waive all and any claim, right or action which I or they might have for and arising out of loss of my life or injury, damage or loss of any participation in any Eureka Athletic Club events, I will abide by the Eureka Athletic Club race rules.

This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the Eureka Athletic Club events and servants, agents, representatives and officers of any of them, and shall operate whether or not loss, injury damage is attributable to the act or neglect of any or more of them.

I agree to receive and pay for medical treatment including transport by ambulance, which is considered by the Eureka Athletic Club committee to be advisable and which is provided to me at the request or direction of the Eureka Athletic Club committee before, during or after any Eureka Athletic Club event.

I have read the above declaration and agree to abide by all Eureka Athletic Club rules and directions as stated in the declaration and upon literature and other material distributed in connection with the Eureka Athletic Club.

Signature of Member		Date	/ /
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DECLARATION TO BE SIGNED BY PARENT OR GAURDIAN IF COMPETITOR IS UNDER 18

I certify that I am the parent or guardian of _____ who will be _____ years of age on the day of this Agreement and that he/she has my consent to join this Club and participate in Club events.

Signature of Parent/ Gaurdian		Date	/ /
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